

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211
OFFICE # (803) 896-5100 FAX # (803) 896-5199**

CLASS **E (Haz)**

DATE _____, 20____

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2. (a) Street Address of Applicant_____

(b) Mailing address, if different from street address_____

(c) Telephone Number_____ SS No._____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business.
(b) If a corporation, names and addresses of two principal officers will be sufficient.

5. (a) Class E – the proposed rates and charges for service, rules and regulations governing same are included herewith, as set forth on Exhibit "A".

(b) Class F – Contracts are included herewith.

6. The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith. _____
7. The proposed list of equipment is as per Exhibit "D" included herewith.
8. Applicant proposes to operate service applied for as follows: (Check one)
(a) Intrastate Only _____ (b) Interstate Only _____
9. **IMPORTANT!** If application is to request reinstatement, amend, sale, lease or otherwise transfer a certificate of PC&N, a current annual report shall be on file with the Commission **before** application will be accepted. Annual report form attached for your convenience. **If application is for a NEW CERTIFICATE, DO NOT SUBMIT ANNUAL REPORT.**
10. Is applicant certified to provide **intrastate** transportation of hazardous waste for disposal in another state? Yes____ No____(Check one).

If yes, attach a letter from the regulatory agency in the State(s) stating applicant is in compliance with the rules and regulations of said state agency.
11. Has applicant been convicted of operating with no **intrastate** hazardous waste for disposal authority or failure to abide by the rules and regulations pertaining to the **intrastate** transportation of hazardous waste for disposal in this state or any other state?
Yes____ No____.(Check one)

If yes, list dates and nature of convictions below.

12. Has applicant ever had certificate authorizing the transportation of hazardous waste for disposal revoked in this state or any other state?
Yes____ No____(Check one).

If yes, list dates and reason for revocation below.

- ## BALANCE SHEET

Assets:	
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

- STATE OF SOUTH CAROLINA,**
- COUNTY OF _____

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

At _____
This the _____ day of _____ 20____

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

**POST OFFICE DRAWER 11649
COLUMBIA, SC 29211**

(APPLICANT)

(ADDRESS)

Proposed Rates and Charges for Service

And Rules and Regulations Governing Same Are As Follows:

**CLASS E
EXHIBIT C**

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

**Post Office Drawer 11649
Columbia, South Carolina 29211**

(Name)

(Address)

Over Irregular Routes:

Commodities to be Transported and Area to be Served:

Hazardous Wastes, as Defined in R. 103-210(2):

Area to be Served: (List counties in detail)

(Applicant)

Date: _____

By

Title

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

- Seats if passenger carrier or tonnage if freight carrier.

(Applicant)

Date:_____

(Applicant's Representative)

(Title)

INSURANCE QUOTE

The following insurance quote is for:

(Name of Motor Carrier)

(Address of Motor Carrier)

Amount of Premium:

Limits Quoted (See Below):

Liability Insurance \$ _____ Limits _____

Cargo Insurance \$ _____ Limits _____

*** Attach Certificate of Insurance if available.**

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

EXHIBIT FWA

Name: _____

Address: _____

Telephone No. _____ **Fax No.** _____

U.S.D.O.T. No. _____ **ICC No.** _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No _____ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____
2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No _____
3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No _____
(If "yes", indicate nature of judgement(s).
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes _____ No _____
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes _____ No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

(Applicant's Signature)

Sworn to before me

At _____

This _____ day of _____, 20____

(Notary Public)

Commission Expires _____

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

(Applicant's name)

SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE BOX	
<input type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines as well as all applicable State laws and regulations relating to the safe operation of commercial motor vehicles.

PLEASE CHECK THE APPROPRIATE BOX	
<input type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

APPLICANT'S OATH

I, _____, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certificate that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Sworn to before me

at _____

this _____ day of _____ 20____

Notary Public

Signature of Applicant
(Not Legal Representative)